

Overview of North Lincolnshire

The People

North Lincolnshire is predominantly a rural area, characterised by a variety of natural landscapes, including sites of significant scientific, historic, and wildlife interest.

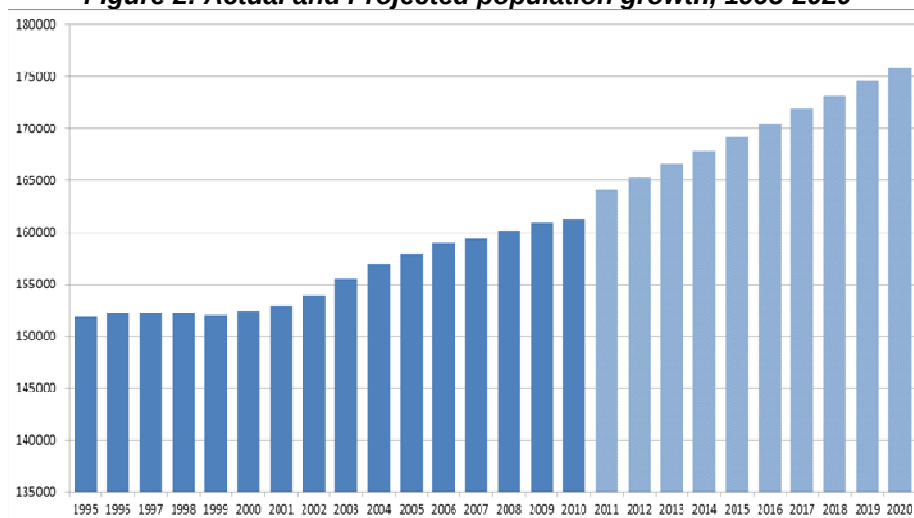
North Lincolnshire is geographically large, although the population is small in comparison with some neighbouring unitary authorities. Sitting on the south side of the Humber estuary, it covers an area of 85,000 hectares, encompassing the major population centres of Scunthorpe and Bottesford, where almost half of the resident population of 167,400 people live. It also includes a number of growing market towns and rural communities, which have more scattered populations.

Figure 1: North Lincolnshire's location



According to the 2011 Census, there are an estimated 167,400 people living in North Lincolnshire. This represents a 9.5% growth since 2001 and is significantly higher than the 2010 mid year estimate of 161,300 published by the ONS in 2011.

Figure 2: Actual and Projected population growth, 1995-2020



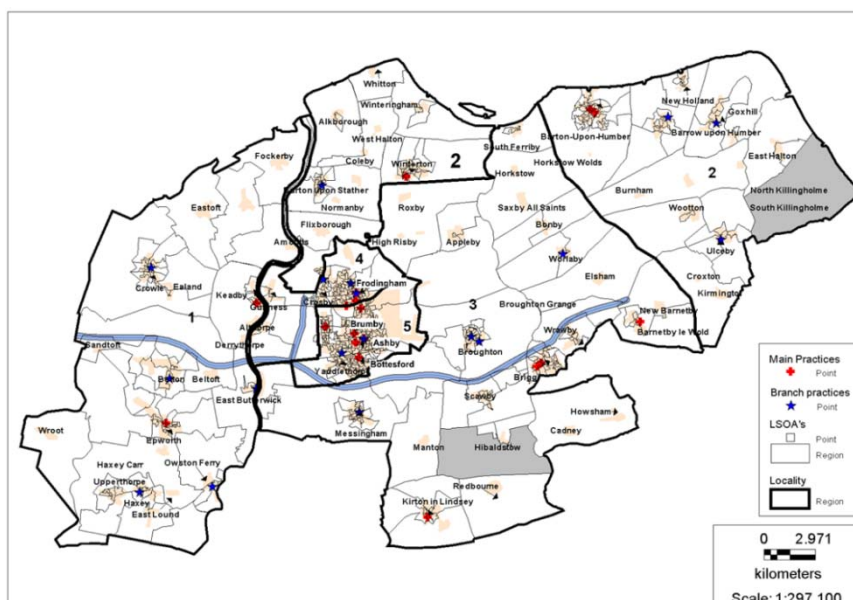
This is a faster rate of population growth than experienced by our regional and sub regional neighbours and compares with a national growth rate of 7.9% over the same 10 year period.

Table 1: Population growth 2001-2011

Local authority	Census Population 2001	Mid year estimates 2010	Census population 2011	% change 2001-2011	% change 2010-11
Hull	243,589	263,890	256,400	5.3%	-2.84%
East Riding of Yorkshire	314,113	338,690	334,200	6.4%	-1.33%
North East Lincolnshire	157,979	157,,314	159,600	1.0%	1.45%
North Lincolnshire	152,849	161,345	167,400	9.5%	3.75%
Yorkshire & Humber	4,964,838	5,301,300	5,283,700	6.4%	-0.33%
England	49,138,831	52,234,045	53,012,500	7.9%	1.49%

([Hyperlink to Data Observatory](#))

It is also the largest 10 year growth since the Census began in 1801, and brings the most recent estimates of the resident population much closer to the GP registered population. In March 2012, there were 167,895 patients registered with North Lincolnshire's 20 GP practices. These practices range in size from just under 3000 patients, to just over 17,000, with a mixture of large and small practices in both our rural and urban areas. The areas shaded in grey represent areas which are currently served by GP practices which currently fall outside North Lincolnshire CCG. ([Hyperlink to GP practice profiles and GP practice summary.](#))

Figure 3: North Lincolnshire GP practices

Population and spatial growth

Much of the population growth experienced over the last 10 years in North Lincolnshire has occurred in our rural areas, and is accounted for largely by an increasing number of residents in their middle years and older in these areas.

The number of people aged 55+ grew by 19% in North Lincolnshire between 2001-11, compared with a 13.5% rise in this age group nationally. Currently people aged 55 years and older represent almost 1 in 3, (31%), of the resident population, compared with 28% nationally.

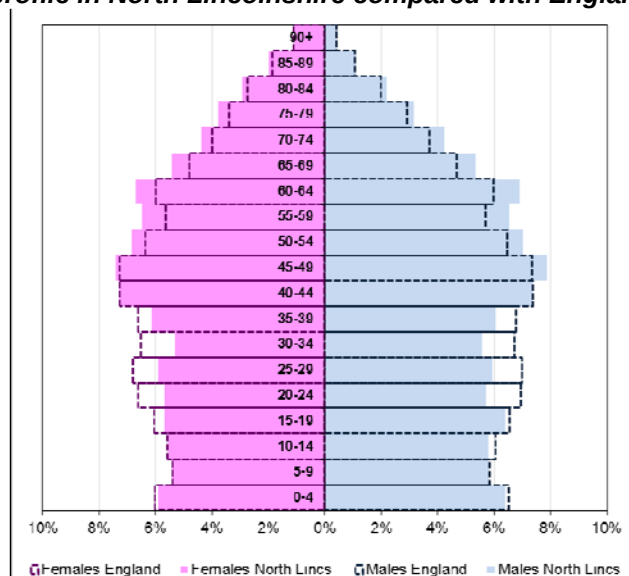
However, there has been significant growth in virtually all age groups and particularly amongst our younger adult population. During the last decade, the 20-29 year population of North Lincolnshire grew by 27%.

Figure 4: % change in population in North Lincolnshire 2001-2011



Nevertheless, there are still proportionately fewer residents aged 20-34 years in North Lincolnshire, than nationally, and more people aged 55 – 69 years.

Figure 5: Age profile in North Lincolnshire compared with England, Census, 2011



Source: ONS, 2012

This means we should expect a faster rate of growth amongst our older population than nationally, and as the life expectancy of men improves, a growing number of males amongst the very old.

Table 2: Change in age profile 2001- 2011

	0-19 years	20-64 years	65-84 years	85+ years
2001	38,200	98,100	22,950	2,750
2011	39,400	99,193	26,200	3,700
% growth	3.1%	1.1%	14.2%	34.5%

Source: ONS, Census 2001-11

The profile of our urban and rural areas is also changing with a younger population in Scunthorpe and Bottesford, and an older population in our rural areas. In 2011, 52.2% of North Lincolnshire residents lived in our rural market towns and villages.

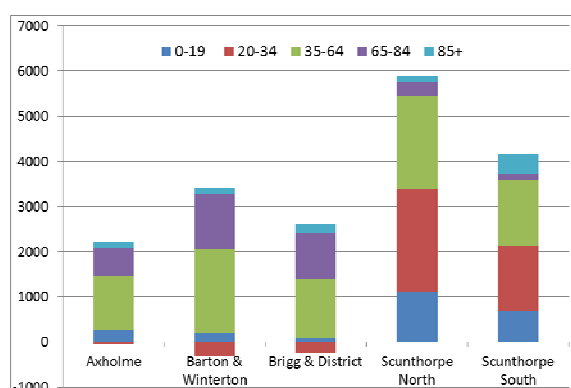
Table 3: Age profile by locality 2011 and % change since 2001

	All ages	0-19 years	20-64 years	65-84 years	85+ years
Axholme	22,697	5166	13262	3775	494
% change	+10.4%	+5.6%	+9.2%	+20%	+29%
Barton	33,546	7587	19749	5523	687
% change	+10.2%	+2.6%	+8.7%	+21.8%	+25.6%
Brigg	31,187	6662	18097	5637	791
% change	+8.2%	+1.2%	+6.4%	+21.8%	34.5%
Scunthorpe North	25,564	7214	17245	3643	570
% change	+12.3%	+5.2%	+33%	+10.4%	29.3%
Scunthorpe South	54,452	13584	31641	7973	1,254
% change	+8.3%	+5.2%	+10.1%	+1.7%	54.8%
Total	167,446	40,213	99,994	26,551	3,796

Source: ONS, Census 2011

The greatest net loss of population during the last decade has been amongst young adults from our rural areas. In these areas, the largest net gain in population has been amongst people in their middle years and older, whereas in Scunthorpe there have been net gains in all age groups, but especially amongst children and young people, and working age adults.

Scunthorpe North experienced the greatest proportionate increase in population during this period, and specifically in Crosby and Park ward which grew by more than 13%. However, the largest population growth was in Ashby ward, where the population rose by almost 30%, as a result of major housing developments in that area, as well as an ageing population.

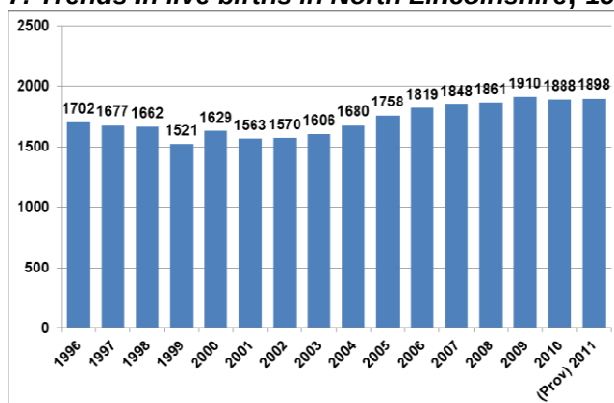
Figure 6: Population change (no.) by age and locality, 2001-2011

Source: ONS, 2012

Children

Most of the recent growth amongst the under 20s has occurred amongst pre and primary school aged children and is due to a rise in births in the middle of the last decade. In 2001, there were 8,500 under 5s resident in North Lincolnshire, rising to 10,300 by 2011. The number of live births to North Lincolnshire women currently stands at just under 1900 a year (1898 in 2011) and is projected to remain at this level until 2030. This represents a local fertility rate of 65.7 per 1000, (the number of births per 1000 women of childbearing age). This local rate is above the regional and cluster average, although similar to the national average.

Figure 7: Trends in live births in North Lincolnshire, 1996-2011



Source: ONS, 2012

Table 4: Fertility rates in North Lincolnshire 2010

	Live births	Fertility rates	TFR*
N Lincs	1888	65.7	2.17
Hull	3,752	63.4	1.78
East Riding of Yorkshire	3,097	55.2	1.90
NE Lincs	1,987	66.5	2.06
Y & H	66,697	62.1	1.89
England	687,007	65.5	2.00

Source: ONS, 2012 * TFR or total fertility rate = average number of children one would expect per child bearing women based on current age specific fertility rates

In January 2012 there were 13,768 primary school aged pupils and 9,544 secondary school pupils enrolled with North Lincolnshire state funded schools.

While just over half of our total resident population live in North Lincolnshire's market towns and villages, this situation is reversed for children under 5 and under 10 years, of which 56% and 54% respectively, live in Scunthorpe and Bottesford. This has been the pattern since the late 1990s and reflects the distribution of affordable housing across North Lincolnshire, as well as higher birth rates amongst our younger, lower income populations, and amongst our BME communities, who tend to live in the Scunthorpe area.

Table 5: No of children and young people under 10 and under 18 by locality, 2012

Locality	Axholme	Barton and	Brigg and	Scunthorpe	Scunthorpe
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		Winterton	Wolds	North	South
<18s	4596	6799	5962	6560	12,170
% <18s	12.7%	18.8%	16.5%	18.2%	33.7%
<10s	2367	3711	3138	3942	7013
% <10	11.7%	18.4%	15.5%	19.5%	34.8%

Source: Exeter, 2012 ([Hyperlink to Locality profiles](#)).

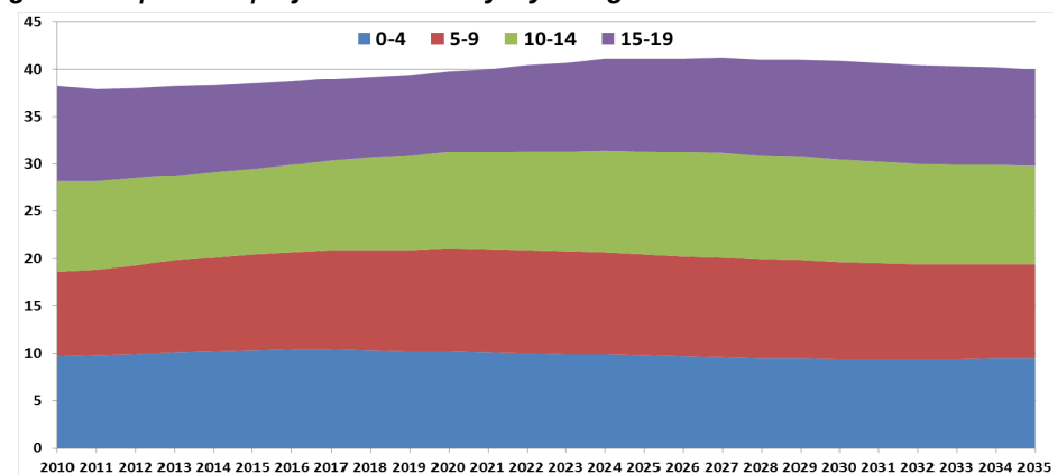
Table 6: Population Projections by age, 2011-2020, (2011 based)

North Lincolnshire	2011	2015	2020
0-4	10,221	10,830	10,654
5-9	9,431	10,582	11,238
10-14	9,545	9,318	10,670
15-19	10,136	9,252	8,846

Source: ONS, 2012

In the short term we should expect a continuing growth in the number of primary school aged children in North Lincolnshire, with the number of adolescents growing more slowly until 2020, when the numbers of 10-17 year olds will accelerate.

Figure 8: Population projections <20s by 5 year age bands in North Lincolnshire

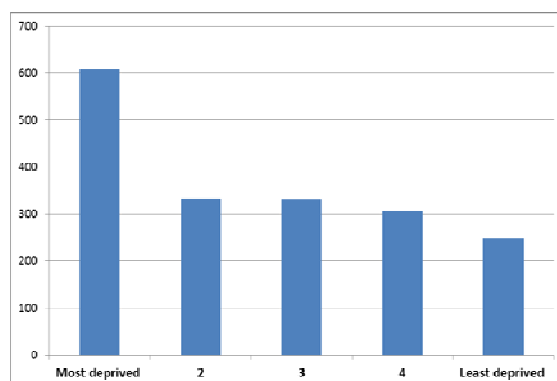


Source: ONS, 2011

Inequalities and health impact

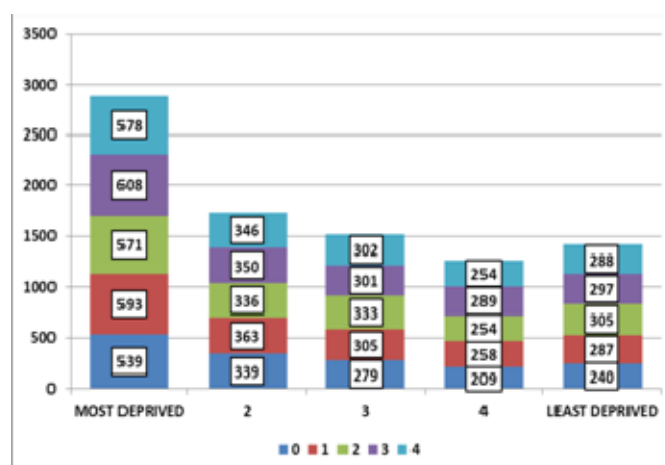
Currently, more than a third of births (34%) are to families living in our most deprived fifth of neighbourhoods, where 31% of our under 5s live. In contrast only 14% of births are to women living in our least deprived 20% areas.

Figure 9: Number of live births by deprivation rank of neighbourhood, 2011/12



Source: NHS North Lincolnshire PHBF, 2011/12

Figure 10: No. of resident children <5, 2011, by age and deprivation rank of neighbourhood (IMD 2010 by local quintiles)



Source: NHS North Lincolnshire, Exeter 2011, IMD 2010

These population trends threaten to widen existing inequalities in maternal and child health, (see Starting Well section) and suggest the need for a continued focus on tackling child and family poverty and targeted prevention and family support in our most deprived communities, including deprived neighbourhoods in our market towns.

Working Age Adults

Currently there are an estimated 106,180 people of working age, (16-64 years) in North Lincolnshire. This represents a growth of 10% since 2001. The largest increase amongst this age group has been amongst people in their 20s, mid 40s and early 60s. In contrast the number of men and women in their 30s has fallen by 17%.

Table 7: Working age population trends in North Lincolnshire, 2001-11

Age groups	2001	2011	% growth
15-19	9346	10100	8.1%
20-4	7151	9500	32.8%
25-9	8210	10000	21.8%
30-4	10995	9100	-17.2
35-9	11834	10200	-13.8
40-4	10989	12400	12.8
45-9	10468	12900	23.2
50-4	11517	11600	0.7
55-9	9548	10900	14.2
60-4	8227	11500	39.8

Source: ONS, 2012

North Lincolnshire has an older than average workforce, with 32% aged 50-64, compared with 27% nationally. By 2025 at least 44% of North Lincolnshire's workforce will be aged 50+, compared with 38% regionally and 42% nationally.

Retirement age

Currently there are 29,900 people aged 65+ resident in North Lincolnshire. This represents a 16% increase since 2001. The most significant growth in the retirement age population has been amongst the 80 pluses and amongst older men in particular. In the 10 year period between 2001-11, the number of residents aged 90+ grew by more than a third. This age group is projected to treble in number over the next 20 years.

Table 8: Population of retirement age in North Lincolnshire, 2011

Age groups	2001	2011	% growth
65-9	7382	9000	21.9%
70-4	6560	7200	9.8%
75-9	5494	5800	5.6%
80-4	3514	4200	19.5%
85-9	1861	2500	34.3%
90+	889	1200	35.0%

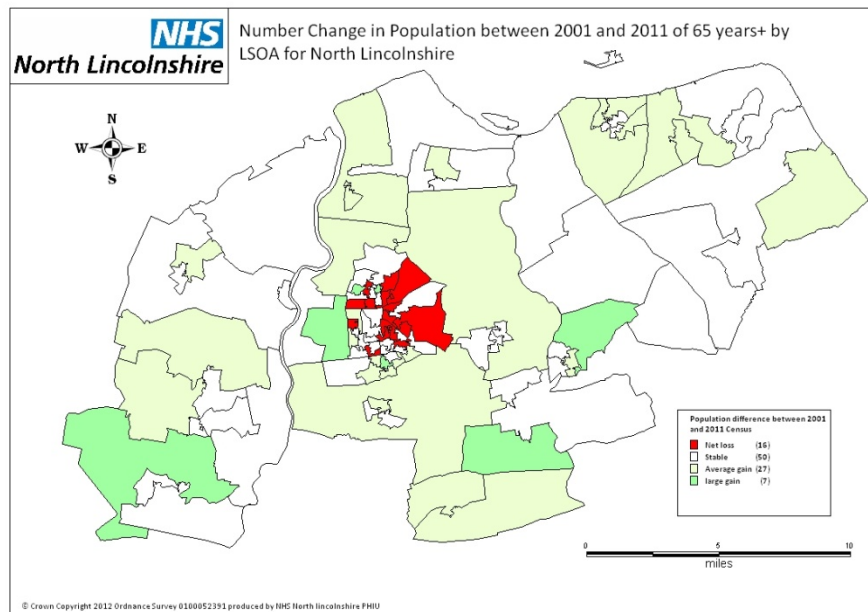
Source; ONS, 2012

Much of the growth in the 50+ population has been in our more affluent rural areas, an age group which is projected to increase further in the next 10-15 years, and at a faster rate than nationally.

This has contributed to a divergence in make up of our urban and rural communities with rural areas becoming older, relatively more affluent, and less ethnically diverse, and urban areas becoming younger, relatively less affluent and ethnically more diverse.

The map below shows the change in the number of people aged 65+ since 2001 by neighbourhood. The greatest net loss (indicated in red) has been in our urban areas, whereas the greatest gains have been in our rural areas.

Figure 11
Change in population aged 65+, 2001-1, by neighbourhood, (LLSOA)

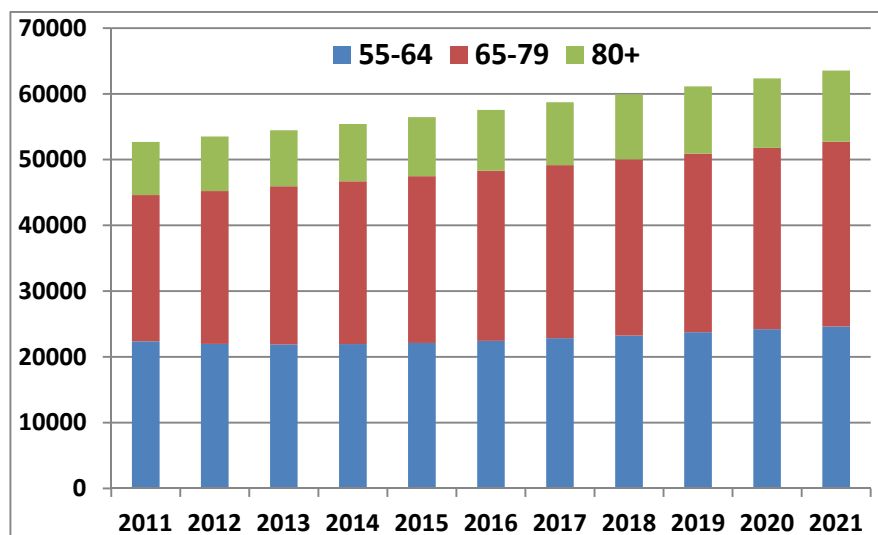


Local health and social care agencies will need to reflect these locality and community differences in their commissioning plans.

Population projections

Between now and 2020 we are anticipating an additional 8% growth in the local population. Again, more than half of this growth will occur in our rural areas and most of it will be accounted for by people aged 55-74; an age group which is growing faster in North Lincolnshire than nationally.

Figure 12: Projected growth in people aged 55+ in North Lincolnshire 2010-2021



Source: ONS, 2011

Ethnic groups

Compared with other parts of the country the Black and Minority Ethnic (BME) population of North Lincolnshire is relatively small, estimated in 2009 at 7.1% of the resident population, (including White Other). This compares with 16.1% nationally.

Nevertheless, this represents an estimated 53% growth in the local BME population in North Lincolnshire since 2001; the largest growth being amongst the Asian and African population. More than 80% of these communities live in the northern part of Scunthorpe. In some wards, the BME community represent more than 15% of the resident population. The highest concentration is in the Scunthorpe North wards of Town, Crosby and Park, and Frodingham. (2009 experimental statistics).

Figure 13: BME community in North Lincolnshire by Census Output Area, (all ages 2001)

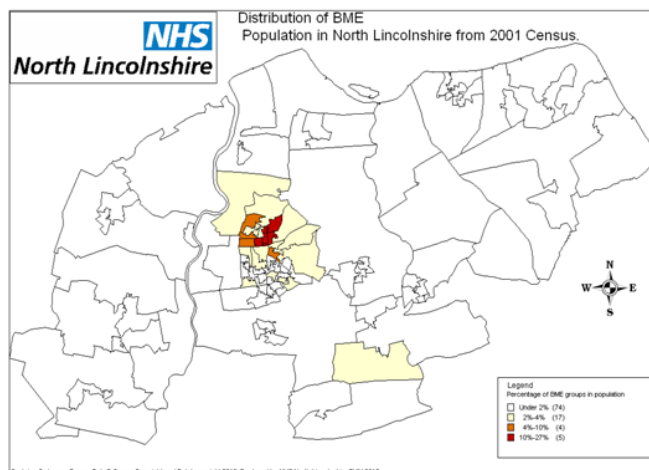


Table 9
Census population estimates and projections for North Lincolnshire 2001-2009 and 2031

	White Other	Mixed	Asian British	Black British	Chinese/ Other	Total BME population	Total Population
2001	1,324	595	2,468	292	448	5127	152,849
2011	5,405	1244	4,019	494	941	12,103	167,446

Source: Office for National Statistics, Crown Copyright

The largest minority ethnic group in 2001 were Asian British, and in 2011 it was White Other, a group which has more than trebled in size since 2001.

The Asian British population in North Lincolnshire has grown by 62% since 2001, the largest growth occurring amongst the Indian and Bangladeshi population.

Recent international migrants represent a significant proportion of the BME community in North Lincolnshire. This group is estimated locally to be in the region of 1300 people a year in North Lincolnshire, with no more than 1050 long term migrants (ie intending to stay 1 year or more) arriving in 2011 as well as 300 short term migrants. Of these, 710 were economic migrants from EU accession countries. The majority of these economic migrants are Lithuanian, (360 in 2011) and Polish (280 in 2011).

There are no international students undertaking courses at Higher Education establishments in North Lincolnshire, although there may be some who are attending FE colleges. Nor are there any asylum seekers sent to be housed in North Lincolnshire through the Home office dispersal system. There may be a very small number of refugees who have moved into the area independently with Home Office permission.

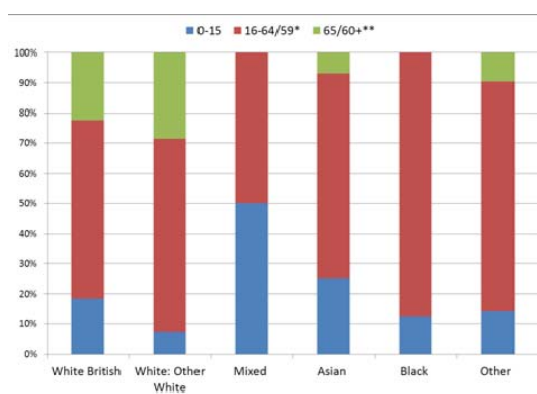
This BME population is growing and becoming increasingly diverse. Currently, a total of 68 different languages are spoken across North Lincolnshire, the most common being Bengali, Urdu, Punjabi, Hindi, Portuguese, Somali, Turkish, Arabic and Polish. The largest BME communities in North Lincolnshire are people of Indian, Pakistani and Bangladeshi heritage.

In 2011, at least 6% North Lincolnshire households contained at least one adult whose main language was other than English, including 1759 households, (2.5%), where English is not spoken at all. This compares with 4.4% across the country as a whole. Compared with the resident White UK population, BME groups in North Lincolnshire are more likely to:

- be younger than the white population;
- have larger households with dependent children;
- living in Scunthorpe North
- be from South Asian communities
- from white migrant communities

The younger age profile and higher fertility rates of our resident ethnic groups, means that the number of children from BME communities is increasing faster than the white population. An estimated third of our resident BME population are under 19 years of age, and 28% are under 16.

Figure 14: Age profile of White and BME population, (%) 2009



Source: ONS Experimental statistics, 2009

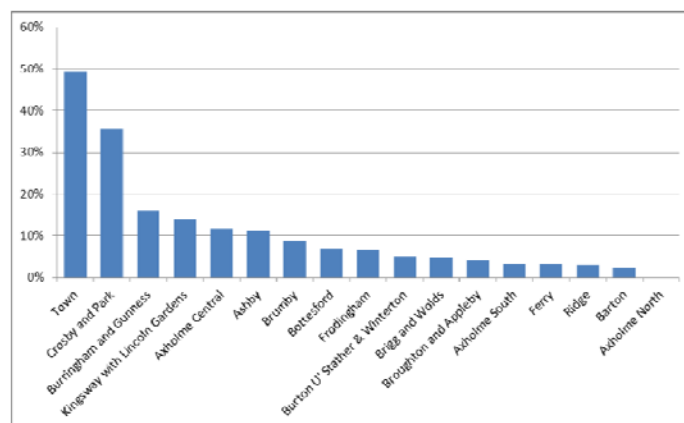
Table 10
Live births in North Lincolnshire by birthplace of mother, 2001-10 (%)

	Mothers born within UK	EU	Of which New EU	Rest of Europe	Asia	Africa	Rest of World
2001	94.1%	1.4%	0.12%	0.1%	3.6%	0.4%	0.3%
2008	88.6%	5.7%	3.9%	0.3%	3.9%	1%	0.5%
2009	86.9%	7.2%	5.2%	0.1%	4.3%	1%	0.5%
2010	85.1%	9.7%	5.7%	1.7%	2.7%	2.0%	0.5%
2011	86.1%	8.7%	7.2%	0.2%	3.9%	0.7%	0.5%

Source: ONS, 2012

In 2011/12 almost half of all births to Town ward women were from our BME communities. The maternal and child health needs of these BME groups are under researched in North Lincolnshire.

Figure 15: BME Births by ward, 2011/12

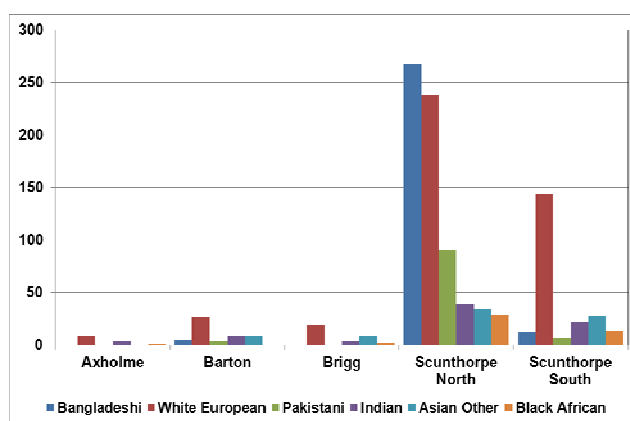


Source: NLaG, 2012

In 2011, more than 8.1% of all school aged children were from Black and Asian communities, with at least half as many more BME children in reception classes as in Year 11. If we add 'other, (Non UK) White', to the BME total, (including White European) the proportion increases to more than 12%.

The largest concentration of BME children is in Scunthorpe North, where they represent more than a fifth of the primary school age population.

Figure 16: No of BME Primary school children by locality, 2011



Source: North Lincolnshire Council, Plasc data extract, 2011

According to school census data, the largest BME group are children from the White European community followed by children from the Bangladeshi community. Of these groups, more than 70% live in our 20% most deprived neighbourhoods; mainly in Crosby, Frodingham and Town wards in Scunthorpe.

As a result, the age and ethnicity profile of our urban and rural areas has shifted, with a much younger and more ethnically diverse population living in Scunthorpe and a higher density of middle aged and older white people living in the surrounding rural areas. This trend looks set to continue and will influence the shape and focus of locality based services in each area.

The maternal and child health needs of these BME groups are under researched in North Lincolnshire. Whilst national research suggests that European migrants tend to be in better health than many of their white British peers, research evidence about lifestyle behaviours, eg smoking and alcohol consumption is inconsistent, with some studies suggesting higher

rates of smoking and incidence of obesity amongst the working age migrant worker population.

This is not confirmed by local maternity data, which indicates lower levels of maternal obesity, lower levels of smoking in pregnancy and higher levels of breastfeeding amongst our BME communities compared with the White British population.

Gypsy/Traveller communities

The number of children from Gypsy/Traveller communities resident in North Lincolnshire is relatively small, compared with other BME groups and with other local authorities. Currently there are 96 residential pitches in North Lincolnshire, with an estimated need for a further 22 between now and 2017, (the need may be less than this if some unauthorised developments are granted planning permission in the meantime).

Currently the only official data sources are the 2011 population census and the annual school census, both of which are likely to underestimate the actual numbers. For example, the Census recorded 90 people who defined themselves as from the Gypsy/Traveller community in North Lincolnshire, whilst the school census suggests 38 children of primary school age are from these communities, and less than 5 children of secondary school age of which the majority live in the Brigg area. It is possible that there are an additional 25 children of secondary school age who are not enrolled in local schools.

Unfortunately, neither the hospital recording system nor the community child health system have a specific code for this ethnic group. As a result children from these communities are not directly identifiable in births data, GP registrations or on the child health system. This will need to change to meet the requirements of the Equality and Diversity Act.

Religious groups

Exactly two thirds of North Lincolnshire residents, (66%) regard themselves as Christians, this compares with 79% in 2001, whilst almost 1 in 4, 24% say they have no religion, compared with 11% in 2001. This is similar to the national average. The next largest religious group are people of the Muslim faith, at 1.8%, followed by Hindus, Sikhs and Buddhists.

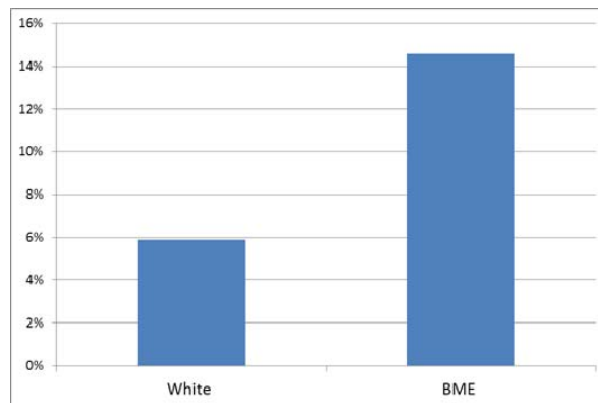
Inequalities and health impact

BME communities

People from BME communities are amongst the most socially excluded in society. National data suggests they are more likely than the White population to live in deprived neighbourhoods, be poor, be unemployed, experience ill health, and live in overcrowded and poor quality housing.

In North Lincolnshire, unemployment amongst the BME community is more than twice that for the White UK population. – 14.5% compared with 5.9%, (Annual Population Census, 2012). This is slightly above national rates of unemployment for these communities..

Figure 17
Unemployment rates March 2012 by White/BME population aged 16-64



Source: Census of Employment, NOMIS, 2012

People from black and minority ethnic communities can also experience the added jeopardy of racial harassment and racist crime. All of these factors are likely to have a profound effect on physical and mental health and well being. The specific health needs of BME communities, and South Asian communities in particular, identified within the national research literature include a higher incidence of:

- diabetes mellitus
- coronary heart disease (CHD)
- infant and perinatal mortality
- hypertension and cerebrovascular disease
- vitamin D deficiency
- mental ill health

As well as:

- higher rates of smoking , especially amongst Bangladeshi and Chinese men
- lower levels of physical activity especially amongst young women
- poorer take up of dental health services
- lower awareness and lower take up of cancer screening programmes
- lower take up of community based palliative care
- lower understanding of the primary and community healthcare system
- lower satisfaction rates with the quality of and access to GP services compared with the White population

Economic migrants

Whilst national research suggests that European migrants tend to be in better health than many of their white British peers, research evidence about lifestyle behaviours, such as smoking and alcohol consumption is inconsistent, with some studies suggesting higher rates of smoking and incidence of obesity amongst the working age migrant worker population.

Although smoking in pregnancy and breastfeeding rates are better in many BME communities than in the White UK population, some BME groups are at particular risk of poverty and disadvantage, increasing their risk of poor health. Low birth weight is also more common amongst some South Asian communities. This is a risk factor for infant mortality and is associated with poorer health and educational outcomes in the early years.

Gypsy traveller population

National and regional research studies also suggest poorer health, as well as poorer take up of public health and health care services amongst the Gypsy/Traveller community. In one recent study undertaken on behalf of the Department of Health (2004), self reported health problems were between two and five times more prevalent amongst the Gypsy traveller population than the UK general population at large. In this study, the health issues which showed the most marked inequality were self reported anxiety, respiratory problems including asthma and bronchitis, and chest pain. Linked to this were higher levels of smoking and lower levels of education.

However, these lifestyle factors did not account for all of the health inequalities observed in that study. Other contributory factors included, environmental hardship, social exclusion, and cultural attitudes, including the traveller community's own attitudes to health and health care, as well as access to health services. This national study suggested that there is a health impact of being a Gypsy Traveller over and above other socio demographic variables.

By 2030, our BME communities are projected to grow by a further 30%. Much of this growth will occur in our Asian communities, who are settled predominantly in the Scunthorpe North area, and amongst the under 20s.

Community Voice

The local evidence base about the specific health care needs and experiences of our resident and growing BME communities is developing slowly, but is still patchy in some key areas, especially in maternal and child health services, where the population growth has been greatest, amongst our Gypsy traveller community, although a local housing needs assessment did touch on health needs briefly in 2006.

Recent examples of qualitative work include:

- An analysis of the mental health needs of local adult BME communities based on a small number of focus groups with BME communities, 2011
- BME focus group with adult residents to inform this JSNA refresh, 2012
- BME focus group with adult residents to inform the Strategic Housing Market Assessment, 2011 (SHMA)

Some of the headline messages from these documents include:

Mental Health Needs of BME communities, 2011

This report highlighted a need for

- Cultural awareness training for Mental Health practitioners and in particular GPs who are often the first port of call for people suffering from mental health problems

- Awareness raising in some communities of the early signs of depression and anxiety, how to cope with these and how to access the professional help that is available.

JSNA consultation with BME residents, 2012

- The majority of BME residents who participated in the JSNA consultation highlighted communication as an issue when accessing services, particularly when family members were not available to accompany them to health or social care service appointments

Housing Needs of BME groups (SHMA consultation), 2011

- The primary driving factor encouraging BME households to move into North Lincolnshire was the draw of employment opportunities within the industrial and manufacturing sectors.
- The majority of residents were currently residing in the private rental sector in Scunthorpe – living in either terraced or semi-detached houses within Crosby and Park and Town wards.
- These wards are popular destinations for BME households first moving into Scunthorpe and North Lincolnshire given the close proximity to employment, shops, services and schools as well as limiting the necessity to travel by private car.
- Participants highlighted the continuing problem of overcrowding, particularly those residing in Scunthorpe's private rented sector. The main issue being lack of affordable housing and exploitation of recent migrants by a small number of landlords.

In addition, in 2011 three pieces of research were carried out with migrant communities in North Lincolnshire. The following issues were highlighted

- The most significant unmet need amongst the migrant worker community group was acquisition of language skills. Classes for English for Speakers of Other Languages were difficult to access and heavily sought after.
- Of those surveyed in the migrant worker study, 20% were neither registered with a dentist or GP, with rates lowest amongst Polish, Portuguese and Bangladeshi men.
- The preferred method of communication about services with migrant groups was email and text, rather than posters and leaflets.

Faith communities

In 2001, an estimated 79% of the resident population stated Christianity as their religion, 11.4% no religion, 1.1% Muslim, 7% did not state a religion. The 2011 Census data is due to be realised in 2013.

Gender

Just over 50% of the resident population are women. Males outnumber females in the early years, and women in the middle years and older. It is not known how many transgender people there are in North Lincolnshire.

Sexual orientation

There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population in North Lincolnshire, the region, or indeed, across England as a whole. Sexuality is not incorporated into the census or most other official statistics. Using research estimates that LGBT people comprise 5% of the total population, we can estimate the numbers in North Lincolnshire to be in the region of 8,000 people

In 2001, an estimated 0.09% of the population were living together as same sex couples in North Lincolnshire. This compared with 0.2% nationally. In 2011 the proportion of same sex registered civil partnerships in North Lincolnshire had doubled to 0.2%.

Summary

In summary, there are a number of demographic factors that affect current and future health and social care need in North Lincolnshire. They include:

- Population growth – above national rates and estimated to increase by just under 1% a year over the next decade
- A relatively old and ageing population with an older than average workforce
- A relatively stable population – with minimal internal population ‘churn’
- Growing ethnic diversity – with a growing, younger, Asian population
- Growing disabled population, with natural population growth
- An ageing disabled population – with projected increase in complex and multiple age related conditions in older age

Considerations for commissioners

- The continuing and projected rise in the resident population presents a significant opportunity for economic growth in North Lincolnshire, as well as for strengthening social and voluntary assets in our communities. However this assumes that people in their 50s and older will maintain relatively good health and wellbeing and are able and willing to continue working either in a formal or in a voluntary capacity well into their 60s and 70s.
- Realising these opportunities will require, as a basic minimum, improvements in healthy life expectancy that at least match, if not exceed, the recent gains made in overall life expectancy, with a focus on raising health outcomes across the social gradient.
- Any growth in the population, especially an older population, will, all things being equal, result in an increasing number of people with age related long term conditions.
- In the longer term, we should also expect a rise in the number of the very old living at home. Whilst this group is relatively small in number they are likely to require significant support to help them maintain their independence and quality of life for as long as possible in their own homes. This will include an increasing number of older people with learning disabilities and mental health needs.
- It is also likely that the number of residents with caring responsibilities will grow further. So we should also be planning to support and enable an increasing number

of carers, many of whom may need to combine caring responsibilities with employment.

- As our resident BME communities grow, we should also be planning to meet the needs of an increasingly diverse resident population, especially amongst the younger adult population. This may have implications for the way we commission and deliver child, maternal and family services in the statutory and voluntary sector. Currently, the specific health needs of these BME communities are not well understood locally, suggesting a need for more information and intelligence to inform local health commissioners.
- The demographic profile of the disabled population is also likely to change considerably over the next 10-15 years, with a growing number of older people living in the community with severe learning disabilities, some of whom are at increased risk of early onset dementia and other age related long term conditions, and an increasing number of children with complex needs surviving into adulthood, including growing numbers of children from BME communities.
- The projected increase in the number of young people with learning disabilities from our Asian communities, through natural population growth, will need to be carefully planned for. In particular the need for short break services and appropriate daytime, social and recreational activities. These needs will also need to be reflected in adult commissioning and procurement plans.
- Planning ahead for these and other demographic changes is important. Children with significant and complex health and social care needs carry significant service costs, and small increase in numbers from one year to the next can make a significant difference to local budgets.
- Whilst information sharing is improving, there is still, for example, no single integrated data base or register which captures the health and social care needs of either children or adults with significant disabilities or health needs in North Lincolnshire.
- The recently published market shaping strategy for North Lincolnshire provides an opportunity for commissioners to share information and to project future adult service needs.
- The local vision is for locality based integrated assessment and care management services for vulnerable adults. Commissioners might wish to consider how the new model of locality based integrated assessment might enable providers to gather data more effectively to allow for routine analysis of need and forward planning for some vulnerable client groups.
- Similarly, as children and young people's services prepare to implement the single care plan and 'core offer' for children with special needs and disabilities across service pathways, there may be opportunities for improving the gathering of routine data about local needs to inform future joint commissioning plans.